UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO EASTERN DIVISION

In re:	C1 11	0					Case	Case No. 12-50415				
	Shell	ey Cre	nshaw			*	Judge	e: CAI	LDWEL	L		
				Debt	or	*	CH 7					
									TOR MA			
The a	ttachm	ents he	reto ame	end the	followi	ng:						
	[_]	A	[_]	В	[_]	C	[_]	D	[_]	Е	[_]	F
	[_]	G	[_]	Н	[X]	I	[X]	J	[_]	Matı	rix	
	[_]	Othe	er: [1						
	n, as re								true stat kruptcy			s set forth to the
Debto conve		ıds Sch	edules I	& J to	show up	odated i	monthly	incom	e and ex	penses	at the ti	me of
Debto	r certif	ies und	ler penal	ty of p	erjury th	at the	foregoin	g is tru	e and co	rrect.		
<u>/s/ Sh</u>	elley C	rensha	W									
	ey Cren											

Case 2:12-bk-50415 Doc 42 Filed 01/13/15 Entered 01/13/15 15:03:58 Desc Main Document Page 2 of 7

	in this information t									
Der	otor 1	Shelley Erik	a Crenshaw							
	otor 2 ouse, if filing)									
Uni	ted States Bankrup	otcy Court for the	: SOUTHERN DISTRIC	T OF OHIO						
Cas	se number 2:1	2-bk-50415				Chec	k if this is	:		
(If kr	nown)			•		■ A	ın amende	ed filing		
									g post-petition	
0	fficial Form	B 61				N	MM / DD/ Y	YYYY		
S	chedule I:	Your Inc	ome							12/13
Par	<u> </u>	e Employment	On the top of any addition	onal pages, write your	name and	case no		·		
••	information.			Debtor 1			_		ling spouse)
	If you have more attach a separate		Employment status*	■ Employed			☐ Empl	oyed mployed		
	information about employers.	t additional	Occupation	☐ Not employed			— 1401 0	трюуса		
	Include part-time,	, seasonal, or	Occupation	Instructor						
	self-employed wo	ork.	Employer's name	Ohio Center for Br	roadcasti	ng				
	Occupation may i or homemaker, if		Employer's address	5330 East Main St. Columbus, OH 432						
			How long employed th	nere? 2 1/2 year *See Attach		Addition	al Emplo	yment Info	rmation	
Par	t 2: Give De	tails About Mor	nthly Income							
	mate monthly incouse unless you are		ate you file this form. If $_{ m y}$	you have nothing to repo	ort for any li	ine, write	e \$0 in the	space. Inc	alude your ne	on-filing
	u or your non-filing e space, attach a s		ore than one employer, co	embine the information fo	or all emplo	yers for	that perso	on on the lir	nes below. I	f you need
						For Del	btor 1		btor 2 or ng spouse	
2.			ry, and commissions (be calculate what the monthly		2. \$	2	,166.67	\$	N/A	<u>\</u>
3.	Estimate and lis	t monthly overt	ime pay.		3. +\$		0.00	+\$	N/A	<u>\</u>
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4. \$	2 1	66 67	.\$	N/A	7

Debt	or 1	Shelley Erika Crenshaw	_	Case	number (if known)	2:12-bk-50	415	
				Foi	r Debtor 1	For Debto	r 2 or	
					Dobto. 1	non-filing		
	Сор	y line 4 here	4.	\$	2,166.67	\$	N/A	
_								
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	434.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A	
	5e.	Insurance	5e.	\$_	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A	
	5g.	Union dues	5g.	\$_	0.00		N/A	
	5h.	Other deductions. Specify:	_ 5h.+	\$ <u>_</u>	0.00	+ \$	N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ <u> </u>	434.00	\$	N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ <u> </u>	1,732.67	\$	N/A	
8.		all other income regularly received:						
	8a.	Net income from rental property and from operating a business, profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total				_		
	O.L	monthly net income.	8a.	\$_	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$ <u>_</u>	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$_	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive						
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental)					
		Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.	\$_	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify: Freelance writing	8h.+	\$_	50.00	+ \$	N/A	
9.	۸۵۵	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	¢	50.00	\$	N/A	
Э.	Auu	all other medite. Add lines datobtoctoutdetoltogton.	Э.	Ψ	50.00	Ψ	IN/A	
			🗖					
10.		-	10. \$		1,782.67 + \$	N/A		1,782.67
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					J L	
11.		e all other regular contributions to the expenses that you list in Schedule						
		ude contributions from an unmarried partner, members of your household, your or relatives.	aepend	ients	, your roommates	s, and		
		not include any amounts already included in lines 2-10 or amounts that are not	availab	e to	pay expenses list	ed in Schedu	le J.	
	Spe				, , ,		+\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain						
	appl		п царп	iues i	and Reidled Data	a, ir it 12.	\$	1,782.67
	,P-P-						Combin	
							Combine monthly	
13.	Doy	you expect an increase or decrease within the year after you file this form	?					
		No.						
		Yes. Explain: None known at this time.				<u> </u>		

Case 2:12-bk-50415 Doc 42 Filed 01/13/15 Entered 01/13/15 15:03:58 Desc Main Document Page 4 of 7

Debtor 1	Shelley Erika Crenshaw	Case number (if known) 2:12-bk-50415	
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Official Form B 6l Attachment for Additional Employment Information

Debtor		
Occupation	Writer/Producer	
Name of Employer	Ivanhoe Broadcast News	
How long employed	1 1/2 years	
Address of Employer	2745 West Fairbanks Ave.	
	Winter Park, FL 32789	

Official Form B 6I Schedule I: Your Income page 3

Case 2:12-bk-50415 Doc 42 Filed 01/13/15 Entered 01/13/15 15:03:58 Desc Main Document Page 5 of 7

Fill	in this informa	ation to identify yo	our case:					
Deb	tor 1	Shelley Erika	a Crensh	aw		Ch	eck if this is:	
Deh	otor 2						An amended filing	wing post-petition chapter
	ouse, if filing)					ш	13 expenses as of	
Unit	ed States Bank	ruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO	_		MM / DD / YYYY	
Cas	e number 2:	12-bk-50415				П	A separate filing fo	r Debtor 2 because Debtor
	nown)					_	2 maintains a sepa	
Of	fficial Fo	rm B 6J						
So	chedule	J: Your						12/13
info	ormation. If m		eded, atta	. If two married people ar ch another sheet to this n.				
Par		ribe Your House	hold					
1.	Is this a join							
	■ No. Go to		in a separ	ate household?				
	= ::		st file a sep	parate Schedule J.				
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents'	names.						☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No
					1			☐ Yes
3.	expenses o	penses include f people other t	han $_{oldsymbol{\sqcap}}$	No Yes				
	yourself an	d your depende	nts? ⊔	res				
Par		ate Your Ongoi						
exp		a date after the		uptcy filing date unless y y is filed. If this is a supp				
Incl	lude expense	es paid for with	non-cash	government assistance i	f you know			
	value of suc ficial Form 6I		d have ind	cluded it on Schedule I: \	our Income		Your exp	enses
4.		or home owners		ses for your residence. I or lot.	nclude first mortgage	4.	\$	580.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
	4b. Prope	erty, homeowner's	s, or renter	's insurance		4b.	\$	0.00
			•	ıpkeep expenses		4c.	\$	20.00
_		owner's associat				4d.	·	0.00
5.	Additional	mortgage payme	ents for vo	our residence , such as ho	me equity loans	5.	\$	0.00

Case 2:12-bk-50415 Doc 42 Filed 01/13/15 Entered 01/13/15 15:03:58 Desc Main Document Page 6 of 7

Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance. 15c. Vehicle insurance. Specify: 15c. Vehicle insurance. Specify: 15c. Vehicle insurance. Specify: 15d. Vehicle insurance. Specify: 16d. Vehicle insurance. Specify: 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Vehicle insurance. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 6)). 18. Outher payments you make to support others who do not live with you. 19c. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. S 20b. S 20c. Property, homeowner's, or renter's insurance 20c. Property homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.000 20d. Homeowner's	Debtor 1 Shelley Erika Crenshaw	Case number (if known)	2:12-bk-50415
Electricity, heat, natural gas	C. Hallaton		
B. Mater, sewer, garbage collection B. S. 110.00		6a \$	120.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. S 0.000 Food and housekeeping supplies 7. \$ 350.00 Childcare and children's education costs 8. \$ 0.00 Childcare and children's education costs 10. \$ 100.00 Personal care products and services 10. \$ 80.00 Medical and dental expenses 11. \$ 100.00 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 Charitable contributions and religious donations 14. \$ 0.00 Installation contributions and religious donations 15a. Life insurance 15b. Lead insurance 15c. Vehicle insurance 15d. Life insurance 15d. Life insurance 15d. Life insurance 15d. Chier insurance 15d. Other insurance specify: 15d. Other insurance specif	· · · · · · · · · · · · · · · · · · ·	·	
Chief. Specify:			
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Clothing, laundry, and dry cleaning	. •	·	
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Insurance Insu	4. Charitable contributions and religious donations	14. \$	
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CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing AMENDMENT TO PETITION, SCHEDULES, CREDITOR MATRIX AND/OR STATEMENT OF AFFAIRS PURSUANT TO BANKRUPTCY RULE 1009 was/were served upon the Trustee and U.S. Trustee electronically and by regular U.S. Mail on <u>January 13, 2015</u>, upon the Client and the creditors or parties of interest listed below.

U.S. Trustee David M. Whittaker, Ch. 7 Trustee

Creditors/Parties of Interest:

None Affected

Date 1/13/2015

/s/ Michael A. Cox (0075218) Michael A. Cox (0075218) Guerrieri Cox & Associates 2500 N. High St., Ste. 100 Columbus, Ohio 43202 614.267.2871